

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 24

-62-019917

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 71

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Rural Union Twp.

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Unionville, Missouri

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. California b. COUNTY

c. CITY
OR
TOWN Pacific Palisades

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

17020 Sunset Boulevard

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Fred

Rudolph

Gray

4. DATE
OF
DEATH

Month

Day

Year

May

22

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/9/11

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 HR

Months 5 Days 12 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Airline Transport Pilot

10b. KIND OF BUSINESS OR INDUSTRY

Airline

11. BIRTHPLACE (City and state or country)

Denver, Colorado

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Ralph Gray

13b. MOTHER'S MAIDEN NAME

Anna Struve

14. NAME OF HUSBAND OR WIFE

Darlene

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Darlene Gray, 17020 Sunset Blvd, Santa Monica, Calif.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries from plane crash

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Flight 11

Captain

20c. TIME OF
INJURYHour 9:15
P.m. 5/22/6220d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

Putnam

COUNTY

Mo.

STATE

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1962

APR 25 1963

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh L. Johnson

Licensed Embalmer No. 3487

P. O. Address Centerville, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply, with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.